

STANDARD CERTIFICATE OF DEATH

State File No.

13730

Registrar's No.

3445

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

FILED APR 28 1955

1. PLACE OF DEATH

a. COUNTY

b. CITY
OR
TOWN

ST. LOUIS

c. LENGTH OF
STAY (in this place)
township)

3 1/2 days

d. FULL NAME OF
HOSPITAL OR
INSTITUTION

ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY
OR
TOWN

St. Louis

d. Is Residence within limits of
a city or incorporated town?
Yes ☒ No ☐STREET
ADDRESS

(If rural, give location)

21 1803 Chestnut St

221/6

3. NAME OF
DECEASED
(Type or Print)

a. (First)

LENA

b. (Middle)

c. (Last)

NEUBAUER

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

APRIL 17, 1955

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)

Never married

8. DATE OF BIRTH

August 6 1878

9. AGE (In years
last birthday)

76

IF UNDER 1 YEAR

Months

IF UNDER 1 YEAR

Days

IF UNDER 1 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

??

10b. KIND OF BUSINESS OR IN-
DUSTRY

N/A

11. BIRTHPLACE

(City and State or Foreign Country)

St. Louis, Mo

12. CITIZEN OF WHAT
COUNTRY?

USA

13a. FATHER'S NAME

Fred Neubauer

13b. MOTHER'S MAIDEN NAME

Sophie Schmidt

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

Mrs Ella Flottmann

ADDRESS

3640 Alberta

18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)*This does not mean
the mode of dying, such
as heart failure, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbidity conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

MEDICAL CERTIFICATION

Pulmonary Edema & Left Cardiac
Bundle Branch Block
Intestinal Obstruction &
Resection Colostomy procedureINTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year)

(Hour)

m.

21e. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

5705

I hereby certify that I attended the deceased from 2-24-55, 19, to 4-17-55, 19, that I last saw the deceased
alive on 4-17-55, 19, and that death occurred at 12:20A m., from the causes and on the date stated above.

23a. SIGNATURE

Edgar B. Galt MD

(Degree or title)

23b. ADDRESS

1515 Lafayette Avenue

23c. DATE SIGNED

4-18-55

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

April 19 1955

24c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

24d. LOCATION (City, town, or county)

St. Louis, Mo. Beiderwieden F.H. Inc., 1936

(State)

DATE REC'D BY LOCAL
REG.

APR 18 1955

REGISTRAR'S SIGNATURE

J. Carl Smith mo

25. FUNERAL DIRECTOR'S SIGNATURE

Beiderwieden F.H. Inc., 1936 St. Louis Av

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 452

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.